

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10601180

FILING DATE

06-20-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		2				
8		2				
9	1					
10		1				
11		2				
12		1				
13		1				
14		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	19					
TOTAL CLAIMS	21					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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